



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of )  
Mark MAGGENTI, et al ) For: METHOD AND APPARATUS FOR  
Serial No. 10/045,121 ) PROVIDING ARBITRATION IN A  
Filed: October 17, 2001 ) GROUP COMMUNICATION  
Group No. 2685

**RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Notice of Non-Compliant Amendment dated December 2, 2005, please amend the above-identified application as follows:

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**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being:

**MAILING**

☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Tami M. Procopio  
(type or print name)

Date: December 23, 2005

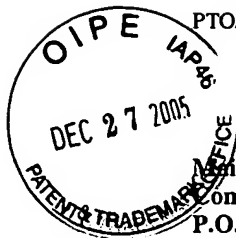
**FACSIMILE**

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Depositor's Name: \_\_\_\_\_  
(type or print name)

Signature: \_\_\_\_\_

Tami M Procopio



PTO/SB/21

U.S. Department of Commerce  
Patent and Trademark Office  
PATENT2685  
TFW

## AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450Customer No.: 23696  
Attorney Docket No.: 000211D3  
In Re Application of: Mark MAGGENTI, et al.  
Serial Number: 10/045,121  
Filed: October 17, 2001  
Examiner: Thuan Nguyen  
Group Art Unit: 2685

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	20	21	1	x \$50 =	\$
Independent**	12	12	1	x \$200 =	\$
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$
EXTENSION FEES			<input type="checkbox"/> One Month	\$120	\$
			<input type="checkbox"/> Two Months	\$450	\$
			<input type="checkbox"/> Three Months	\$1020	\$
TERMINAL DISCLAIMER				\$130	\$
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.				TOTAL FEE	\$

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☐ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$\_\_\_\_\_.
- The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: December 23, 2005

Signature: John L. Ciccozzi, Reg. No. 48,984  
(858) 845-2611QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

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(type or print name)

Date: December 23, 2005

## FACSIMILE

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Depositor's Name: \_\_\_\_\_

(type or print name)  
Signature: 